Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Child and adolescent major depressive disorder (MDD): percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of MDD with an assessment for suicide risk.

Source(s)

American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Child and adolescent major depressive disorder performance measurement set. Chicago (IL): American Medical Association (AMA); 2014 Oct. 19 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder (MDD) with an assessment for suicide risk.

Rationale

Research has shown that patients with major depressive disorder (MDD) are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The evaluation must include assessment for the presence of harm to self or others (Birmaher & Brent, 2007).

Suicidal behavior exists along a continuum from passive thoughts of death to a clearly developed plan and intent to carry out that plan. Because depression is closely associated with suicidal thoughts and behavior, it is imperative to evaluate these symptoms at the initial and subsequent assessments. For this purpose, low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can be used. Also, it is crucial to evaluate the risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that might influence the desire to attempt suicide. The risk for suicidal behavior increases if there is a history of suicide attempts, comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse), impulsivity and aggression, availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence), and a family history of suicidal behavior (Birmaher & Brent, 2007).

A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder. Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas; assessment of past and, particularly, recent suicidal behavior; delineation of current stressors and potential protective factors (e.g., positive reasons for living, strong social support); and identification of any family history of suicide or mental illness (American Psychiatric Association [APA], 2010).

Evidence for Rationale

American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Child and adolescent major depressive disorder performance measurement set. Chicago (IL): American Medical Association (AMA); 2014 Oct. 19 p.

American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder. Arlington (VA): American Psychiatric Association; 2010 Oct. 152 p.

Birmaher B, Brent D, AACAP Work Group on Quality Issues, Bernet W, Bukstein O, Walter H, Benson RS, Chrisman A, Farchione T, Greenhill L, Hamilton J, Keable H, Kinlan J, Schoettle U, Stock S, Ptakowski KK, Medicus J. Practice parameter for the assessment and treatment of children and adolescents with depressive disorders. J Am Acad Child Adolesc Psychiatry. 2007 Nov;46(11):1503-26. PubMed

Primary Health Components

Major depressive disorder (MDD); suicide risk assessment; children; adolescents

Denominator Description

All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder (MDD) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patient visits with an assessment for suicide risk (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Opportunity for Improvement

According to a study analyzing the quality of health care in the United States, only about 25.8% of patients with depression had documentation of the presence or absence of suicidal ideation during the first or second diagnostic visit. 76.11% of those patients who have suicidality were asked if they have specific plans to carry out suicide (McGlynn et al., 2003). A 2003 study reviewed medical records to assess the degree to which providers adhered to depression guidelines in a Department of Veterans Affairs (VA) primary care setting. Providers documented exploration for suicidal ideation in 57% of the records (Dobscha et al., 2003).

Evidence for Additional Information Supporting Need for the Measure

American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Child and adolescent major depressive disorder performance measurement set. Chicago (IL): American Medical Association (AMA); 2014 Oct. 19 p.

Dobscha SK, Gerrity MS, Corson K, Bahr A, Cuilwik NM. Measuring adherence to depression treatment guidelines in a VA primary care clinic. Gen Hosp Psychiatry. 2003;25(4):230-7.

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med. 2003 Jun 26;348(26):2635-45. PubMed

Extent of Measure Testing

The American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) collaborated on a testing project in 2012 to ensure the Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment measure is reliable and evaluated for accuracy of the measure numerator and denominator case identification. The testing project was conducted utilizing electronic health record data. Parallel forms reliability was tested. Three sites participated in the parallel forms testing of the measure. Site A was a regional extension center comprised of a network of community health centers with 4,065 providers. Site B was a physician-owned private practice in an urban setting. Site C was a non-profit community mental health center with 5 psychiatrists, 30 therapists and 4 nurse practitioners.

Measure Tested

Child and Adolescent Major Depressive Disorder (MDD) - Suicide Risk Assessment

Reliability Testing

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as

prepared by the PCPI, yield stable, consistent measures. Data abstracted from electronic health records were used to calculate parallel forms reliability for the measure.

Reliability Testing Results

Parallel Forms Reliability Testing (Site A, B and C)

There were 101 observations from three sites used for the denominator analysis. The kappa statistic value of 0.32 demonstrates fair agreement between the automated report and reviewer.

Of the 101 observations that were initially selected, 97 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value of 0.52 demonstrates moderate agreement between the automated report and reviewer.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)

Denominator: 101, 96.0%, 0.32 (-0.17, 0.81)*
Numerator: 97, 75.3%, 0.52 (0.37-0.67)

*This is an example of the limitation of the Kappa statistic. While the agreement can be 90% or greater, if one classification category dominates, the Kappa can be significantly reduced (http://www.ajronline.org/cgi/content/full/184/5/1391).

Evidence for Extent of Measure Testing

American Medical Association-convened Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Child and adolescent major depressive disorder performance measurement set. Chicago (IL): American Medical Association (AMA); 2014 Oct. 19 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Behavioral Health Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Ages 6 through 17 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder (MDD)

Denominator criteria:
All patients aged greater than or equal to 6 years and less than 17 years

AND

> Diagnosis for MDD (refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes [reportable through 9/30/2015]) [reportable through 9/30/2015]
> Diagnosis for MDD (refer to the original measure documentation for International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes [reportable beginning 10/1/2015])

AND

Current Procedural Terminology (CPT) codes for encounter (refer to the original measure documentation for CPT codes)

Exclusions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patient visits with an assessment for suicide risk

Refer to the original measure documentation for specific Current Procedural Terminology (CPT) Category II codes for assessment of suicide risk.

Note: *Suicide Risk Assessment*: The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the patient. At a minimum, suicide risk assessment should evaluate:

Risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that may influence the desire to attempt suicide.
Current severity of suicidality.
Most severe point of suicidality in episode and lifetime.

Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #3: suicide risk assessment.

Measure Collection Name

AMA/PCPI Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set

Submitter

American Medical Association - Medical Specialty Society

Developer

Physician Consortium for Performance ImprovementÂ® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Child and Adolescent Major Depressive Disorder Work Group

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Consultants: Timothy Kresowik, MD; Rebecca Kresowik

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Mar 6

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Oct

Measure Maintenance

Annual

Date of Next Anticipated Revision

2017

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Medical Association-convened Physician Consortium for Performance Improvement® (PCPI®). Child and adolescent major depressive disorder performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 30 p.

Measure Availability

Source available from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site .

For more information, contact AMA at 330 N. Wabash Avenue Suite 39300, Chicago, Ill. 60611; Phone: 312-800-621-8335; Fax: 312-464-5706; E-mail: consortium@ama-assn.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on March 2, 2009. The information was verified by the measure developer on April 13, 2009.

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Copyright Statement

Production

Source(s)

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Readers with questions regarding measure content are directed to contact the measure developer.